

MAR 22 2012

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

Please type or print in ink.

NAME OF FILER

Yamaguchi

2012 MAR 27 AM 11:49
Kim

(FIRST)

K.

CANDACE J. GRUBBS
Butte County Clerk-Recorder

1. Office, Agency, or Court

Agency Name

Butte Board of Supervisors

Supervisor

Division, Board, Department, District, if applicable

District 5

Your Position

5th District Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency:

See Attached List.

Position:

See Attached List.

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of

Butte

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year ____

Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

Date Signed

March 17, 2012
(month, day, year)

Signature

**Kim K. Yamaguchi,
5th District Supervisor
County of Butte**

March 17, 2012

Type of Statement:

Annual: The period covered is January 1, 2011, through December 31, 2011.

Form 700 Attachment List of Additional Agencies:

**Butte County District 5, Supervisor
Butte County Association of Governments (BCAG)
Butte County Air Quality Management District (BCAQMD)
Local Agency Formation Commission (LAFCo) —Alternate Representative**

**Regional Council of Rural Counties (RCRC)
California Rural Home Mortgage Finance Authority (CRHMF) (CHF)
Environmental Services Joint Powers Authority**

**Butte Regional Waste Management Authority
California Integrated Waste Management, Local Task Force Board**

Sierra-Sacramento Valley Emergency Medical Services Agency

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Kim Yamaguchi</u>

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
814 Natures Way

CITY
Paradise, CA 95969

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☒ Rental Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Louis & Nancy Paulo

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7304 Hwy 147

CITY
Lake Almanor CA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☒ Rental Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % ☐ None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % ☐ None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

Name Kim Yamaguchi

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11

ACQUIRED DISPOSED

____/____/11

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____

Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Kim K. Yamaguchi</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Butte College

ADDRESS (Business Address Acceptable)

3536 Butte Campus Dr. Oroville

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

YOUR BUSINESS POSITION

Admission & Records

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Kim Yamaguchi</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE	NAME OF SOURCE
<u>Regional Council of Rural Counties</u> ADDRESS (Business Address Acceptable) <u>1215 K. St. Suite 1650</u> CITY AND STATE <u>Sacramento, CA. 95814</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)
DATE(S): <u>12/01/11 - 12/31/11</u> AMT: \$ <u>147⁰⁰</u> (If gift)	DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description <u>Meals & Lodging Expenses related to</u> <u>Volunteer Service on RCRC Board of Directors</u>	TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description
NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)	DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description	TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income <input type="checkbox"/> Made a Speech/Participated in a Panel <input type="checkbox"/> Other - Provide Description

Comments: _____

2011 DELEGATE EXPENSE

County: **Butte**
 Delegate: **K. Yamaguchi**

<u>Meals provided at meetings:</u>	<u>Amount</u>	
Prior year expenses pd in 2011	none	
Officer Lunch: 1/18/11	13.87	
RCRC Board Meeting: 1/19/11	24.64	24.64
RCRC Board Officer Meeting: 1/21/11	8.49	
RCRC Board Officer Meeting: 1/26/11	19.61	
Executive Committee Meeting: 2/16/11	19.00	
RCRC Board Meeting: 3/23/11	21.39	21.39
ESJPA Board Meeting: 3/24/11	14.83	
Executive Committee Meeting: 4/27/11	20.69	
RCRC Board Meeting: 5/25/11	19.82	19.82
ESJPA Board Meeting: 5/26/11	13.41	
RCRC Board Meeting Meals (Napa): 6/16/11	154.03	
USFS Roundtable: 6/22/11	4.96	4.96
Executive Committee Meeting: 8/3/11	27.17	
RCRC Board Meeting: 8/24/11	18.67	18.67
ESJPA Board Meeting: 8/25/11	12.09	
RCRC Board Meeting (Annual Conference): 9/23/11	27.10	27.10
ESJPA Board Meeting: 10/20/11	17.45	
RCRC Board Meeting: 12/7/11	30.62	30.62
ESJPA Board Meeting: 12/8/11	21.29	

Expense Reimbursements: To Delegate:
 To County for Delegate:

Expenses paid by RCRC on behalf of Supervisor:

Meetings with Staff:
 Officer Installation: 1/19/11
 Meeting Washington DC: 4/00/11
 CSAC Registration:
 RCRC Board Meeting (Napa) Lodging: 6/14-15/11
 Napa Tour: 6/15/11
 Napa Dinner: 6/15/11
 NACO WIR Registration: 7/00/11
 NACO Meals with Staff: 7/00/11
 Executive Committee Offsite Meeting: 11/16/11
 Executive Committee Dinner: 11/16/11
 Phone Cards/Communication Eqpt.:
 Gifts - \$420 limit:
 Awards - \$250 limit:

**Please record on your
 SCHEDULE - E**

Total Expenses: **147.20**